

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029195

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7101

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

24000 3a

3

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50

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
St. Louis

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Alexian Bros. HospitalInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louisc. CITY
OR
TOWN
AfftonInside Limits
Yes ☐ No ☐d. STREET
ADDRESS
#55 Grantwood LaneReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

LORENZ

Middle

Last

SPITZ

4. DATE
OF
DEATH

Month

Day

Year

July

18

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-20-1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brewery Worker (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

Anheuser-Busch Inc.

11. BIRTHPLACE (City and state or country)

Maxville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Spitz

13b. MOTHER'S MAIDEN NAME

Pauline Widemeyer

14. NAME OF HUSBAND OR WIFE

Theresa Spitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Address

Theresa Spitz #55 Grantwood Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Acute Cardiac Failure
Chronic Atherosclerosis Heart Disease
4200INTERNAL BETWEEN
DEATH
12 of 12
years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Duodenal Ulcer

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 28-61 to July 17-62 and last saw him alive on July 17-1962
Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

New Picker Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 19 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, H.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. W. Storesand

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.